

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-2692 (Rev. 06-04)

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

RCS No. G-MOA
MISLE NOTIFICATION NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility <u>Empress of the North</u>		2. Official No. <u>1140867</u>		3. Nationality <u>US</u>		4. Call Sign <u>WDB4791</u>		5. USCG Certificate of Inspection issued at <u>Portland, OR</u>	
6. Type (Towing, Freight, Fish, Drill, etc.) <u>Passenger</u>		7. Length <u>299.3</u>		8. Gross Tons <u>296 GRT</u>		9. Year Built <u>2003</u>		10. Propulsion (Steam, diesel, gas, turbine...) <u>Diesel/Electric</u>	
11. Hull Material (Steel, Wood...) <u>Steel</u>		12. Draft (Ft. - in.) <u>FWD 10'5" AFT. 12'8"</u>		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) <u>ABS</u>		14. Date (of occurrence) <u>5/14/07</u>		15. TIME (Local) <u>0128</u>	
16. Location (See Instruction No. 10A) <u>Southeast Alaska; Lynn Canal / Icy Strait at Rocky Is</u>						17. Estimated Loss of Damage TO: VESSEL <u>4 million</u> CARGO _____ OTHER <u>3 million</u>			
18. Name, Address & Telephone No. of Operating Co. <u>American West Steamboat Company LLC</u> <u>2121 Forth Avenue, Suite 1150</u> <u>Seattle, WA. 98121 206.292-9606</u>									
19. Name of Master or Person in Charge <u>Dale Orgain</u>		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot <u>N/A</u>		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		State License <input type="checkbox"/> YES <input type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code) [REDACTED]		19b. Telephone Number [REDACTED]		20a. Street Address (City, State, Zip Code)		20b. Telephone Number			

21. Casualty Elements (Check as many as needed and explain in Block 44.)

NO. OF PERSONS ON BOARD _____		<input checked="" type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> DEATH - HOW MANY? _____	<input type="checkbox"/> CAPSIZING (with or without sinking)		
<input type="checkbox"/> MISSING - HOW MANY? _____	<input type="checkbox"/> FOUNDERING OR SINKING		
<input type="checkbox"/> INJURED - HOW MANY? _____	<input type="checkbox"/> HEAVY WEATHER DAMAGE		
<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED _____ (Identify Substance and amount in Block 44.)	<input type="checkbox"/> FIRE		
<input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____	<input type="checkbox"/> EXPLOSION		
<input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED	<input type="checkbox"/> COMMERCIAL DIVING CASUALTY		
<input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.)	<input type="checkbox"/> ICE DAMAGE		
<input checked="" type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE	<input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION		
	<input type="checkbox"/> STEERING FAILURE		
	<input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE		
	<input type="checkbox"/> ELECTRICAL FAILURE		
	<input type="checkbox"/> STRUCTURAL FAILURE		

22. Conditions

A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input checked="" type="checkbox"/> NIGHT		D. VISIBILITY <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR		E. DISTANCE (miles of visibility) <u>1.5</u>	
								F. AIR TEMPERATURE <u>44</u> (F)	
								G. WIND SPEED & DIRECTION <u>airs</u> <u>Various</u>	
								H. CURRENT SPEED & DIRECTION <u>.5</u> <u>W'ly</u>	

23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED		SPEED AND COURSE <u>12 kts</u> <u>200apro</u>		24. Last Port <u>Skagway</u> - <u>Glacier Bay</u>		24a. Time and Date of Departure <u>1720</u> <u>5/13/07</u>	
<input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING				Where Bound			

25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED		Empty		Loaded		Total		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)		Length		Width		25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW	
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SECTION II. BARGE INFORMATION

26. Name		26a. Official Number		26b. Type		26c. Length		26d. Gross Tons		26e. USCG Certificate of Inspection issued at	
26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE		26h. Draft <u>FWD</u> <u>AFT</u>		26i. Operating Company					
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____				26k. Describe Damage to Barge							

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name)		27c. Status <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	
		27b. Address (City, State, Zip Code)			
28. Birth Date	29. Telephone No.	30. Job Position		31. (Check here if off duty) <input type="checkbox"/>	
32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.)					
33. Person's Time		YEAR(S)	MONTH(S)	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)	
A. IN THIS INDUSTRY -		_____	_____		
B. WITH THIS COMPANY -		_____	_____	35. Was the Injured Person Incapacitated 72 Hours or More?	
C. IN PRESENT JOB OR POSITION -		_____	_____		
D. ON PRESENT VESSEL/FACILITY -		_____	_____	36. Date of Death	
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		_____	_____		
37. Activity of Person at Time of Accident					
38. Specific Location of Accident on Vessel/Facility					
39. Type of Accident (Fall, Caught between, etc.)			40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)		
41. Part of Body Injured			42. Equipment Involved in Accident		
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury.					

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).

On a voyage from Skagway to Glacier Bay; The Empress of the North collided with Rocky Island while making the turn from Lynn Canal to Icy Strait. The Empress departed Skagway at 1720 on 5/13/07; the casualty took place at at 0128 on 5/14/07. Several voids and one empty fuel tank were damaged and flooded. Passengers were assembled at muster stations. Liferafts were deployed but not used. Multiple vessels came to assist and all passengers including 46 crewmembers were evacuated to several vessels. All passengers and 46 crew were later transferred to the Alaska State Ferry Columbia and disembarked at Auke Bay ferry terminal. The Empress sailed under her own power to the Auke Bay ferry terminal to undergo inspection, surveys, and temporary repairs. There were no reported injuries, and no environmental damage resulted from this casualty.

45. Witness (Name, Address, Telephone No.)

Marino Cacciotti

46. Witness (Name, Address, Telephone No.)

Ben French

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle)	47b. Address (City, State, Zip Code)	47c. Title
Orgain Dale Raymond		Captain
47a. Signature		47d. Telephone No.
		47e. Date 5/15/07

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry:

MISLE Incident Investigation Activity Number (if applicable)

☐ NONE ☐ PRELIMINARY ☐ DATA COLLECTION ☐ INFORMAL ☐ FORMAL
Serious Marine Incident ☐ Yes ☐ No

INVESTIGATOR (Name)

DATE

APPROVED BY (Name)

DATE

Major Marine Casualty ☐ Yes ☐ No